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CONFIRMATION NO. 4170

<b>SERIAL NUMBER</b> 10/772,037	<b>FILING OR 371(c) DATE</b> 02/04/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 27866/39986
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## APPLICANTS

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*9/25/2006*

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 08/771,276 12/20/1996 PAT 6,797,811 which is a CIP of 08/661,393 06/07/1996 PAT 6,268,477  
 which is a CIP of 08/575,967 12/20/1995 PAT 6,265,184

*CMW*  
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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 08/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 0	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>CMW</i>				

## ADDRESS

04743

## TITLE

Chemokine receptor materials and methods

*Objected to*  
*CMW*  
*9/25/2006*

<b>FILING FEE RECEIVED</b> 858	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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